

PROCESS FOR INITIATING G/J TUBE CURRICULUM FOR MAP CERTIFIED STAFF

1. Provider will register individual with G/J tube with DMR using registration form.
2. If the Provider wants to train MAP certified staff to administer medications via G/J tube, they must submit to DMR written documentation from a licensed health care provider (Physician, Nurse Practitioner, Registered Nurse) that it is appropriate to train MAP certified staff to administer medications via the G/J tube to this particular individual. Such determination must include an evaluation of the staffing pattern in the individual's residence. The G/J tube registration form mentioned in #1 above can be utilized for this purpose.
3. MAP certified staff who are to be trained to administer medications via G/J tube will be approved separately for each individual that they work with who has been deemed appropriate for this practice.
4. Once it is determined that an individual with a G/J tube is a clinically appropriate candidate to have medications administered by MAP certified staff, any change in their health status would require that a licensed health care provider once again evaluate the individual to determine if it is still prudent for MAP certified staff to administer medications to the individual via G/J tube.
5. Specialized training in administration of medications via G/J tube must be done by an RN.
6. Any G/J tube curriculum utilized by a provider to train MAP certified staff in the administration of medications via a G/J tube must contain the following DPH approved essential components:
 - a) General overview of how G/J tube medication administration relates to MAP.
 - b) Purpose of G/J tubes
 - c) Overview of various kinds of G/J tubes
 - d) Overview of different methods of tube feedings (bolus, continuous, intermittent)
 - e) Importance of clean technique
 - f) Maintenance of G/J tube
 - g) Positioning issues with G/J tubes as well as specific positioning instructions for each individual
 - h) Overview of signs and symptoms of G/J tube problems including G/J tube becomes dislodged, G/J tube occludes, diarrhea, respiratory difficulty, vomiting, site is red or has drainage as well as an individual specific protocol to manage such problems.
 - i) How to prepare different forms of medication for administration via G/J tube
 - j) Safe management and storage of formula and equipment including protocol regarding length of time a specific formula may hang for a specific individual and reuse of equipment.

- k) Individual specific training regarding all of the above including on-site, individual-specific demonstration
 - l) Use of standardized competency evaluation tool.
 - m) A complete set of written materials used to train staff must be maintained at the program.
7. Staff qualifications to become certified to administer medications to an individual with a G/J tube:
- a. Has current MAP certification in good standing as determined by the agency.
 - b. Has current CPR and First Aid certification
 - c. Has completed vital signs training with demonstrated competence on a regular basis.
 - d. Has successfully completed individual specific training to administer medications via G/J tube done by an RN following accepted MAP procedures for the administration of medication.
 - e. Has successfully completed a medication administration via G/J tube training with an RN and has successfully demonstrated competency in this skill. This demonstrated competency evaluation must be repeated at least every two years to coincide with MAP certification or if the health status of the individual changes in such a manner that the RN deems it is necessary.
8. MAP Certified staff who are G/J tube approved are not allowed to administer medications via G/J tube without a competency review by an RN if six or more months have elapsed since that staff person administered feedings or medications to that individual via a G/J tube. In State operated community programs this will be monitored by an RN as part of the MAP oversight review process.
9. MAP Certified staff responsible for a medication occurrence involving the administration of a medication via G/J tube would be required to have at least a verbal review of the occurrence with the licensed health care provider responsible for clinical oversight of the G/J tube in addition to reporting the MOR according to MAP policy.
10. Changes in medication orders would need to be reviewed according to the Provider's policy by the licensed health care provider responsible for clinical oversight of the G/J tube prior to allowing G/J tube approved staff to administer. Additional training would be provided as appropriate.
11. If there is no nurse assigned to the program, a licensed health care provider should evaluate the individual in regards to skin integrity, tube placement, new orders, etc. and document such findings in the individual's record. This should be done on a regular basis as determined by the health care provider but no less than once every three months.